

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE:

SAUDDY NOEMI HERNANDEZ ONEILL
JOAN LAUREANO COLON

DEBTOR(S)

CASE NUMBER: 19-06674/BKT

CHAPTER 13

**DEBTORS' MOTION CONCERNING AMENDMENT
TO SCHEDULE "E/F" OFFICIAL FORM 106E/F**

TO THE HONORABLE COURT:

**COME NOW, SAUDDY NOEMI HERNANDEZ ONEILL and JOAN
LAUREANO COLON**, the Debtors through the undersigned attorney Counsel, and
very respectfully state and pray as follows:

1. The Debtors hereby amend Schedule "E/F" to previously filed Schedule
"E/F" Docket No. 1, pursuant to Rule 1009 of the Federal Rules of Bankruptcy
Procedure and local Bankruptcy Rule 1009-1, for the purpose of: to include
unsecured claim, account no. X0808, from creditor Universidad Central
de Bayamon, PO Box 1725, Bayamon PR 00960; Del Valle Rodriguez
Law Offices PSC, Jose Rafael Del Valle Rodriguez, Esq., PO Box 10590,
San Juan PR 00918-1476, balance owed \$3,240.00.

WHEREFORE, the Debtors pray that this Honorable Court take knowledge
of said amendment and provide accordingly.

NOTICE

Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

CERTIFICATE OF SERVICE: I hereby certify that on this date I electronically filed the above document with the Clerk of the Court using the CM/ECF System which sends notification of such filing to all those who in this case have registered for receipt of notice by electronic mail, including the US Trustee's Office and the Trustee. I further certify that the foregoing has been served by depositing true and correct copies thereof in the United States Mail, postage prepaid, to none CM/ECF participants: Debtor to his address of record; to the creditor affected by the amendment: Universidad Central de Bayamon, PO Box 1725, Bayamon PR 00960; Del Valle Rodriguez Law Office PSC, Jose Rafael Del Valle Rodriguez, Esq., PO Box 10590, San Juan PR 00918-1476; and creditors and parties in interest as per the attached master address list.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 10th day of January 2020.

/s/Roberto Figueroa Carrasquillo
R FIGUEROA CARRASQUILLO LAW OFFICE PSC
USDC #203614
ATTORNEY FOR PETITIONERS
PO BOX 186 CAGUAS PR 00726
TEL. NO. (787) 744-7699 FAX (787) 746-5294
EMAIL: rfc@rfigueroalaw.com

Fill in this information to identify your case:

Debtor 1	SAUDY NOEMI HERNANDEZ ONEILL		
	First Name	Middle Name	Last Name
Debtor 2	JOAN LAUREANO COLON		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF PUERTO RICO, SAN JUAN DIVISION		
Case number (if known)	<u>3:19-bk-6674</u>		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<u>Claro</u> Nonpriority Creditor's Name <u>PO Box 360998</u> <u>San Juan, PR 00936-0998</u> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>1947</u> <u>2013-05-14</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____

4.2	Claro Nonpriority Creditor's Name	Last 4 digits of account number	4388	\$678.00
PO Box 360998 San Juan, PR 00936-0998		When was the debt incurred?	2015-03-11	
As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input checked="" type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				
4.3	Claro Nonpriority Creditor's Name	Last 4 digits of account number	2304	\$249.00
PO Box 360998 San Juan, PR 00936-0998		When was the debt incurred?	2014-06-05	
As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input checked="" type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				
4.4	Claro Nonpriority Creditor's Name	Last 4 digits of account number	5009	\$135.00
PO Box 360998 San Juan, PR 00936-0998		When was the debt incurred?	2012-02-21	
As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input checked="" type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				

Debtor 1 **HERNANDEZ ONEILL, SAUDY NOEMI &**
Debtor 2 **LAUREANO COLON, JOAN**

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4.5	Discover Fin Svcs LLC Nonpriority Creditor's Name	Last 4 digits of account number	<u>0261</u>	\$1,499.00
PO Box 15316 Wilmington, DE 19850-5316 Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____				
4.6	Internal Revenue Service Nonpriority Creditor's Name	Last 4 digits of account number	<u>7319</u>	\$3,775.69
PO Box 21126 Philadelphia, PA 19114-0326 Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>2012-2013-2014</u>				
4.7	Island Finance Nonpriority Creditor's Name	Last 4 digits of account number	<u>8259</u>	\$3,132.00
PO Box 71504 San Juan, PR 00936-8604 Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____				

Debtor 1 **HERNANDEZ ONEILL, SAUDY NOEMI &**
Debtor 2 **LAUREANO COLON, JOAN**

Case number (if known)

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4.8	Money Express Nonpriority Creditor's Name	Last 4 digits of account number	1595	\$4,501.00
PO Box 9146 San Juan, PR 00908-0146 Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				
4.9	Syncb/Car Care Pep Boy Nonpriority Creditor's Name	Last 4 digits of account number	8042	\$2,087.00
C/o PO Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				
4.10	Syncb/Jc Penney Pr Nonpriority Creditor's Name	Last 4 digits of account number	5788	\$1,221.00
PO Box 965007 Orlando, FL 32896-5007 Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				

Debtor 1 **HERNANDEZ ONEILL, SAUDY NOEMI &**
Debtor 2 **LAUREANO COLON, JOAN**

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4.11	Syncb/Rooms to Go Nonpriority Creditor's Name C/o PO Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code	Last 4 digits of account number 2532 When was the debt incurred? 2017-01	\$28.00
<p>As of the date you file, the claim is: Check all that apply</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>			
4.12	Syncb/tjx Cos Nonpriority Creditor's Name PO Box 965015 Orlando, FL 32896-5015 Number Street City State Zip Code	Last 4 digits of account number 0961 When was the debt incurred? 2015-06	\$1,433.00
<p>As of the date you file, the claim is: Check all that apply</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>			
4.13	Syncb/Walmart Nonpriority Creditor's Name PO Box 30281 Salt Lake City, UT 84130-0281 Number Street City State Zip Code	Last 4 digits of account number 5273 When was the debt incurred? 2014-10	\$2,996.00
<p>As of the date you file, the claim is: Check all that apply</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>			

Debtor 1 **HERNANDEZ ONEILL, SAUDDY NOEMI &**
Debtor 2 **LAUREANO COLON, JOAN**

Case number (if known)

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4.14	Syncb/Walmart Nonpriority Creditor's Name	Last 4 digits of account number	0829	\$166.00
PO Box 30281 Salt Lake City, UT 84130-0281 Number Street City State Zip Code		When was the debt incurred?	2013-05	
As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				
4.15	Thd/Cbna Nonpriority Creditor's Name	Last 4 digits of account number	2868	\$525.00
PO Box 6497 Sioux Falls, SD 57117-6497 Number Street City State Zip Code		When was the debt incurred?	2017-07	
As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify _____				
4.16	Universidad Central de Bayamon Nonpriority Creditor's Name	Last 4 digits of account number	0808	\$3,240.00
PO Box 1725 Bayamon, PR 00960 Number Street City State Zip Code		When was the debt incurred?		
As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify Civil no. TB2019CV00808				

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
CICA Collection Agency, Inc
PO Box 12338
San Juan, PR 00914-0338

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5009**

Name and Address
Del Valle Rodriguez Law Offices
PSC
Lcdo Jose Rafael Del Valle
Rodriguez
PO Box 10590
San Juan PR 00918-1476

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **0808**

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
6e. Total Priority. Add lines 6a through 6d.		6e. \$ 0.00
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 26,433.69
6j. Total Nonpriority. Add lines 6f through 6i.		6j. \$ 26,433.69

Fill in this information to identify your case:

Debtor 1	SAUDDY NOEMI HERNANDEZ ONEILL		
	First Name	Middle Name	Last Name
Debtor 2	JOAN LAUREANO COLON		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF PUERTO RICO, SAN JUAN DIVISION		
Case number (if known)	<u>3:19-bk-6674</u>		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ SAUDDY NOEMI HERNANDEZ ONEILL

SAUDDY NOEMI HERNANDEZ ONEILL

Signature of Debtor 1

Date January 10, 2020

/s/ JOAN LAUREANO COLON

JOAN LAUREANO COLON

Signature of Debtor 2

Date January 10, 2020

Label Matrix for local noticing

0104-3

Case 19-06674-BKT13

District of Puerto Rico

Old San Juan

Fri Jan 10 15:11:59 AST 2020

US Bankruptcy Court District of P.R.

Jose V Toledo Fed Bldg & US Courthouse

300 Recinto Sur Street, Room 109

San Juan, PR 00901-1964

BANCO POPULAR DE PUERTO RICO, SERVICER FOR F

C/O SARLAW LLC

BANCO POPULAR CENTER, SUITE 1022

209 MUÑOZ RIVERA AVE

SAN JUAN, PR 00918

POPULAR AUTO LLC

PO BOX 366818

SAN JUAN, PR 00936-6818

CICA Collection Agency, Inc

PO Box 12338

San Juan, PR 00914-0338

BANCO POPULAR DE PUERTO RICO

SERVICER FOR FREDDIE MAC

PO BOX 362708 (762)

SAN JUAN PR 00936-2708

Banco Popular de Puerto Rico

Bankruptcy Department

PO Box 366818

San Juan, PR 00936-6818

Discover Bank

Discover Products Inc

PO Box 3025

New Albany, OH 43054-3025

Discover Fin Svcs LLC

PO Box 15316

Wilmington, DE 19850-5316

FIRST BANK

CONSUMER SERVICE CENTER

BANKRUPTCY DIVISION -CODE 248

PO BOX 9146, SAN JUAN PR 00908-0146

(p) INTERNAL REVENUE SERVICE

CENTRALIZED INSOLVENCY OPERATIONS

PO BOX 7346

PHILADELPHIA PA 19101-7346

Island Finance

PO Box 71504

San Juan, PR 00936-8604

MONEY EXPRESS

CONSUMER SERVICE CENTER

BANKRUPTCY DIVISION (CODE 248)

PO BOX 9146 SAN JUAN PR 00908-0146

Money Express

PO Box 9146

San Juan, PR 00908-0146

Synch/Car Care Pep Boy

C/o

PO Box 965036

Orlando, FL 32896-5036

Synch/Jc Penney Pr

PO Box 965007

Orlando, FL 32896-5007

Synch/Rooms to Go

C/o

PO Box 965036

Orlando, FL 32896-5036

Synch/Walmart

PO Box 30281

Salt Lake City, UT 84130-0281

Synch/tjx Cos

PO Box 965015

Orlando, FL 32896-5015

Synchrony Bank

c/o of PRA Receivables Management, LLC

PO Box 41021

Norfolk, VA 23541-1021

Thd/Cbna

PO Box 6497

Sioux Falls, SD 57117-6497

JOAN LAUREANO COLON

RR6 BOX 6936

TOA ALTA, PR 00953-9320

JOSE RAMON CARRION MORALES

PO BOX 9023884

SAN JUAN, PR 00902-3884

MONSITA LECAROZ ARRIBAS

OFFICE OF THE US TRUSTEE (UST)

OCHEA BUILDING

500 TANCA STREET SUITE 301

SAN JUAN, PR 00901

ROBERTO FIGUEROA CARRASQUILLO

PO BOX 186

CAGUAS, PR 00726-0186

SAUDY NOEMI HERNANDEZ ONEILL

RR6 BOX 6936

TOA ALTA, PR 00953-9320

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Internal Revenue Service
PO Box 21126
Philadelphia, PA 19114-0326

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

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	Total 28